identified four products: trastuzumab emtansine, sofosbuvir, deltoglutirine and riociguat. All had been assessed by CEESP. SMC concluded that one NICE assessment was published (sofosbuvir). For all products, except sofosbuvir, the type of model was different between agencies. All the published CEESP opinions reviewed cost-effectiveness (CEA) and cost-utility analyses (CUA) whereas SMC and NICE only published CUA. This might be explained by the type of questionnaires; the CEESP THERP was a 1st Center for Technology and Policy (CTaP), Indian Institute of Technology Madras (IIT-M), Chennai, India, 2National Health Systems Resource Center, Ministry of Health & Family Welfare, New Delhi, India, 1Center for Technology and Policy (CTaP), Indian Institute of Technology Madras (IIT-M), Chennai, India, 2National Health Systems Resource Center, Ministry of Health & Family Welfare, New Delhi, India.

OBJECTIVES: Persistent infant mortality rates in the world have prompted the use of mobile technologies to assist in vaccine adherence. This systematic review attempts to assess the efficacy of a mobile phone technology in delivering health messages, immunization reminders and ensuring on-time vaccination follow-up rates.

METHODS: Studies were identified based on pre-specified criteria from two journals (BMJ and Lancet) and three databases (PUBMED, Google Scholar and Google). The outcome was the percentage of infants screened for PICO parameters and eventually of the 22 full-text articles reviewed. The RCTs selected were analyzed using the Cochrane Collaboration (In Control and Outcome) parameters and subsequently shortlisted when they included the desired target population, namely infants and mothers and used the methodology of Randomized Controlled Trials (RCTs). Biases on account of dropouts, selection and baseline methods of recruitment were taken into consideration. Risk ratings were assessed for the review using a forest plot and bias graphs.

RESULTS: A total of 71 studies were identified based on results of which 3 duplicates were excluded. Of the 68, 25 were screened for PICO parameters and eventually of the 22 full-text articles reviewed, 6 were RCTs and qualified as relevant for the Health Technology Assessment. The studies, published between 1996 and 2014, recorded the participation of 5999 infants and mothers across 5 clinical based interventions and 1 province-based intervention. A risk-of-bias of 0.67 indicates that the mobile-based intervention is 46% more effective than the control, suggesting the former to be a crucial measure to improve outcome measures such as timeliness of immunization and increased infant vaccine awareness.

CONCLUSIONS: Our analysis suggests that the use of mobile technologies could marginally improve compliance in the intervention groups, even if they do not affect the overall immunization rates. The evidence also shows that incorporating this scheme into an existing health system requires a small investment that could potentially mean huge gains in reducing infant and neonatal mortality and morbidity, particularly in resource-limited settings.

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THE USE OF MOBILE HEALTH TECHNOLOGY IN PROMOTING INFANT VACCINE ADHERENCE: A HEALTH TECHNOLOGY ASSESSMENT
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OBJECTIVES: To design the operational aspects to introduce both the economic evaluations (EE) and budget impact analyses (BIA) of medicines in the three Health Technology Assessment (HTA) programmes of Catalonia. The HTA assessments performed by three national bodies, IQWiG, NICE and HAS, are currently undergoing assessment. Four medicines have undergone HTA assessments performed by HAS, IQWiG and NICE of medicines having received a conditional approval are heterogeneous and lead to differing reimbursement statuses. Different criteria are taken into consideration, including the relevance of the comparator, the clinical trial design and endpoints as well as the relevant target population and health economic assessment.

PHP261
IMPLEMENTING THE FULL ECONOMIC EVALUATIONS OF MEDICINES IN THE HTA PROGRAMMES IN CATALONIA: FIRST STEPS AND FUTURE PERSPECTIVES
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OBJECTIVES: In 2014 the Catalan Health Service (CatSalut) published a guide (GAEIP) which included the economic evaluation and budget impact assessment. In 2014 the Catalan Health Service (CatSalut) published a guide (GAEIP) which included the economic evaluation and budget impact assessment. In 2014 the Catalan Health Service (CatSalut) published a guide (GAEIP) which included the economic evaluation and budget impact assessment. In 2014 the Catalan Health Service (CatSalut) published a guide (GAEIP) which included the economic evaluation and budget impact assessment. In 2014 the Catalan Health Service (CatSalut) published a guide (GAEIP) which included the economic evaluation and budget impact assessment. In order to design the operational aspects to introduce both the economic evaluations (EE) and budget impact analyses (BIA) of medicines in the three Health Technology Assessment (HTA) programmes of CatSalut, the project delivered a general framework to implement the EE and BIA in the current procedures of each of the three HTA programmes, allowing them to fit it into their specific methodologies, and the evaluation of the project.

RESULTS: Sanofi conducted a cross-sectional analysis among all departments involved in the four EDs through - An ad hoc questionnaire probed quality of process, feedback and consensus across agencies - Candid meetings to refine response interpretation. RESULTS: Approval requests, Briefing Book (BB) completions and clarifications were straightforward, although coordination was sometimes lacking. Process timelines seemed appropriate, nevertheless great variability in Sanofi’s efforts was observed depending on the therapeutic area and the type of advice sought. Teams were generally satisfied with the process, however, conflicts of interest were not always addressed. However, relevant items not reported in the BB could not be raised during the discussion, not all attendees were involved in national negotiations and conflicting advice was not consistently reported (EMA) applied. The qualification of the feedback before, during and after the meeting was satisfactory. Yet, seeking consensus across HTAs was not observed, nor the final report always consistent with meeting discussions.

CONCLUSIONS: Sanofi satisfaction about the ED experience was generally high, with evidence development process harmonization, while garnering feedback on critical items from multiple countries. In order to truly improve evidence generation, some flexibility during the meeting should be allowed and consensus of opinion/advice achieved. All teams agreed on consulting in similar EDs in the future.